

Faculty Education, Scholarship, Practice, and Service
 (ESPS) Declaration Form

I have reviewed the School of Medical Sciences Faculty Development and Advancement Policy and agree to adhere to the procedures outlined in the policy. Furthermore, I understand that this will be maintained as part of my faculty record and considered during my performance reviews. I plan to engage in Education, Scholarship, Practice, and/or Service (ESPS) activities during the _____ semester. (Ex. Spring 2024)

Please indicate the category (or categories) of ESPS activities that you will participate in by clicking the corresponding checkbox (or checkboxes) in the left-hand column. Then provide a summary of planned activities for each category you have selected. If the time that will be spent on a given category will not span the entire semester, list start and end dates in the row for *planned ESPS day(s) and hour(s)*.

<input type="checkbox"/>	Scholarship	Planned Scholarly Activities	Goals
List and describe all activities such as completing various aspects of a research study; writing a manuscript for publication; preparing a grant proposal; presenting a session at a conference, etc.			
Start and end dates:			
<input type="checkbox"/>	Clinical Practice*	Practice Information	Goals
Name of practice site(s)			
Address for practice site(s)			
Name(s) of supervisor(s) at practice site(s)			
Workday(s) and hours (<i>list dates if applicable</i>)			

<input type="checkbox"/> Service	Planned Service Activities	Goals
List and describe all planned service activities such as serving on the TAPA board, PAEA committees, non-profit board, participating in a mission trip, etc.		
Start and end dates: _____		

<input type="checkbox"/> Education	Planned Education Activities	Goals
List and describe all activities such as completing coursework as part of a course/program, a new certification, CME (beyond the allocated 40 hrs/semester), etc.		
Start and end dates: _____		

*In order to utilize Clinical Practice, the faculty member MUST first fill out the *Request to Work Outside the Institution* form.

The proposed ESPS activities must be approved by the supervising Program Director and SMS Dean.

Faculty:	Print: _____	Signature: _____	Date: _____
Program Director:	Print: _____	Signature: _____	Date: _____
SMS Dean:	Print: _____	Signature: _____	Date: _____